

EMPLOYMENT REFERENCE



Elitecare
Medical Staffing, LLC

761 E. Locust, Suite 103
Fresno, CA 93720
Attention: HR Dept.

Office: (559) 438-7700
Toll Free: (888) 881-CARE
Fax: (559) 446-2170

Please complete this form up to the double line.

Company Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Supervisor: _____

Your former employee, _____ has completed an application for employment with our agency. We would appreciate your cooperation in completing this form. We may share this response with one or more of our client employers who wish to utilize the applicant's services. Please return the completed form to the Elitecare Medical Staffing LLC address above.

I authorize the above named employer _____ to furnish the requested information. I release and hold harmless the employer and Elitecare Medical Staffing LLC, and the employees and agents of each of them, from any liability to me or any other person in any way related to the release of this information by Elitecare Medical Staffing LLC, and or the release and or use of this information by Elitecare Medical Staffing LLC and or its client employers.

Applicant's Signature: _____

Social Security Number: _____ - _____ - _____

Name: _____

(Please Print. Specify if your name was different at the time of employment)

Position: _____ Salary: _____

Employment Dates _____ to _____ Rehire? Yes No

If no, why? _____

Reason for leaving: _____

	Excellent	Good	Fair	Poor
Attendance				
Punctuality				
Cooperation				
Attitude				
Productivity				

Additional Comments: _____

Company Name: _____

Signature: _____ Phone: _____

Title: _____ Date: _____